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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00343137 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 0 1 26 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons D D D 12 28 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2006 652130.44 January 1 (b) Cash on Hand at 292916.10 Begining of Reporting Period 107669.16 1097727.66 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 400585.26 1749858.10 6(a) and 6(c) for Column B) 8594.99 1357867.83 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 391990.27 391990.27 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

Political Action Committee of the American Association of Orthopaedic Surgeons

2^D8 м N 1 1 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 69200.00 973235.00 (i) Itemized (use Schedule A) 3535.00 68615.00 (ii) Unitemized (iii) TOTAL (add 72735.00 1041850.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 72735.00 1041850.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 34934.16 49877.66 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 6000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

107669.16

107669.16

1097727.66

1097727.66

32. Total Federal Disbursements

from Line 31).....

(subtract Line 21(a)(ii) from Line 30(a)(ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1094.99 16038.49 Expenditures..... (c) Total Operating Expenditures 1094.99 16038.49 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 7500.00 739155.00 24. Independent Expenditure 0.00 600000.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 0.00 1750.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 1750.00 (add Lines 28(a), (b), and (c)) 0.00 924.34 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 8594.99 1357867.83 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

8594.99

1357867.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 72735.00 | 1041850.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 1750.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 72735.00 | 1040100.00 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1094.99 | 16038.49 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 34934.16 | 49877.66 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | -33839.17 | -33839.17 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 50 | |
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| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
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| or | ny information copied from such Reports and State for commercial purposes, other than using the r | itements may lame and add | r not be sold or used by any perso Iress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ns |
| Α. | Full Name (Last, First, Middle Initial) Dr. Mark W Woolf, , MD | | | Date of Receipt |
| | Mailing Address Arlington Orthopedic As 800 Orthopedic Way | sociates | | 11 30 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 25068607 |
| | Arlington | TX | 76015-1629 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Arlington Orthopaedic Ass- | Occupation | 1 | 7 |
| | Arlington Orthopaedic Ass- ociates | Orthopae | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1350.00 | |
| | Other (specify) | 0 0 | 1330.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. David F Dalury, , MD | | | Date of Receipt |
| | Mailing Address 8322 Bellona Ave Ste 1 | 00 | | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068608 |
| | Baltimore | MD | 21204-2012 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Orthopaedic Associates | Occupation | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1500.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descipt |
| C. | Dr. Theodore Lee Stringer, , MD Mailing Address 3207 N Academy Blvd S | Sto 102 | | Date of Receipt |
| | Walling Address S207 IN Academy Biva S | DIE 103 | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068609 |
| | Colorado Springs | CO | 80917-5117 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Colo Springs Ortho Group | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | | 500.00 | |
| | | | | ' |
| | - | | | |
| s | UBTOTAL of Receipts This Page (optional) | | . | 2500.00 |
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| SCHEDULE A (FEC Form 3X) | | | lles esperate eshedule(e) | FOR LINE NUMBER: PAGE 7/50 |
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| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Political Action Committee of the America | can Associ | ation of Orthopaedic Surgeo | ns |
| | | | and a consequence of god | |
| | Full Name (Last, First, Middle Initial) | | | 2. (2.) |
| Α. | Dr. Robert Michael Meneghini, , MD | | | Date of Receipt |
| | Mailing Address 8402 Harcourt Rd Ste 12 | 28 | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068610 |
| | Indianapolis | IN | 46260-2094 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | <u> </u> | - |
| | Name of Employer Joint Replacement Surgeons | | dic Surgeon | |
| | of Indiana Receipt For: | <u> </u> | Year-to-Date ▼ | |
| | Primary General | | 050.00 | |
| | Other (specify) | | 250.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. George F Muschler, , MD | | | Date of Receipt |
| | Mailing Address Cleveland Clinic Founda | ıtion | | M M / D D / Y Y Y Y |
| | 9500 Euclid Ave Desk A | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068611 |
| | Cleveland | OH | 44195-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer The Cleveland Clinic Foun- | Occupation | | |
| | dation | | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) | ' ' | 250.00 | |
| | Curior (openity) | 0 0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Dr. Richard C Martin, , MD | | | Date of Receipt |
| | Mailing Address 5620 E Bell Rd | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068613 |
| | Scottsdale | AZ | 85254-5950 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 1000.00 |
| | federal political committee. | | | 1000.00 |
| | Name of Employer Bone & Joint Specialist | Occupation | 1 | 1 |
| | Bone & Joint Specialist | | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1000.00 | |
| | Other (specify) ▼ | | 1000.00 | |
| | | | | |
| ٩ | UBTOTAL of Receipts This Page (optional) | | | 1500.00 |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 50 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the Americ | an Associ | ation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Gilbert A Noirot, , MD | | | Date of Receipt |
| | Mailing Address 110 Wood St | | | 11 30 4 2006 |
| | City | State | Zip Code | Transaction ID: 25068614 |
| | Charlevoix | MI | 49720-1627 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation | n edic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 050,00 | 1 |
| | Other (specify) ▼ | | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Richard L Levitt, , MD | | | Date of Receipt |
| | Mailing Address 1150 Campo Sano Ave S | Ste 301 | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068615 |
| | Coral Gables | FL | 33146-1174 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation | n edic Surgeon | |
| | Receipt For: | • | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. Robert E Van Demark, Jr, MD | | | Date of Receipt |
| | Mailing Address Van Demark Orthopaedio 1210 W 18th Ste G01 | Specialis | ets | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068616 |
| | Sioux Falls | SD | 57104-4651 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation | n edic Surgeon | 7 |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 33 -3 | | 1 |
| | Other (specify) ▼ | 0 0 | 450.00 | |
| | LIDTOTAL of Descripto This Description 1 | | | 750.00 |
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| | NAME OF COMMITTEE (In Full) | | , , , , , , , , , , , , , , , , , , , | |
| \rangle | Political Action Committee of the America | can Associa | ation of Orthopaedic Surgeo | ns |
| Α. | Full Name (Last, First, Middle Initial) Dr. James M Donley, , MD | | | Date of Receipt |
| | Mailing Address 5002 Lago Dr | | | 11 30 7 2006 |
| | City | State | Zip Code | Transaction ID: 25068617 |
| | Madisonville | KY | 42431-9435 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | dic Surgeon | |
| | Receipt For: | · · · · · · · · · · · · · · · · · · · | Year-to-Date ▼ | 7 |
| | Primary General | | 500.00 | |
| | Other (specify) ▼ | 0 0 | | |
| В. | Full Name (Last, First, Middle Initial) Dr. William H Harris, , MD | | | Date of Receipt |
| | Mailing Address MGH-HOBBL 55 Fruit St Jackson 1126 | 6 | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068619 |
| | Boston | MA | 02114-2621 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation | | 7 |
| | Receipt For: | | dic Surgeon Year-to-Date ▼ | - |
| | Primary General | , iggi ogalo | | 1 |
| | Other (specify) ▼ | 0 0 | 500.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. John S Kirchner, , MD | | | Date of Receipt |
| | Mailing Address 979 Cobble Creek Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068620 |
| | Hoover | AL | 35226-2867 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 750.00 |
| | Name of Employer Orthopaedic Specialists | Occupation Orthopae | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| s | UBTOTAL of Receipts This Page (optional) | |) | 1750.00 |

| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 10 / 50 |
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| or | | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ns |
| A. | Full Name (Last, First, Middle Initial) Dr. James R Kasser, , MD | | | Date of Receipt |
| | Mailing Address Children's Hospital 300 Longwood Ave | | | 11 30 7 2006 |
| | City | State | Zip Code | Transaction ID: 25068621 |
| | Boston | MA | 02115-5737 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Children's Hospital | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 00 0 | | 1 |
| | Other (specify) ▼ | | 500.00 | |
| | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Robert H Horne, , MD | | | Date of Receipt |
| | Mailing Address 9844 S 1300 E Ste 300 | | | M M / D D / Y Y Y Y |
| | | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068622 |
| | Sandy | UT | 84094-4693 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 500.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | ı | |
| | Self Employed 1 | Orthopae | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | ' ' | 500.00 | 1 |
| | Other (specify) | | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descript |
| C. | Dr. Leo Bohdan Semkiw, , MD Mailing Address 2430 Samaritan Dr | | | Date of Receipt |
| | Walling Address 2430 Salifalitati Di | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068623 |
| | San Jose | CA | 95124-3996 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation | | |
| | | <u> </u> | edic Surgeon Year-to-Date V | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | ' ' | 250.00 | |
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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
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| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ons |
| _ | Full Name (Lost First Middle Initial) | | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Eugene C Lou, , MD | | | Date of Receipt |
| | Mailing Address 9222 Hilldale St | | | 1 1 3 0 Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068624 |
| | Houston | TX | 77055-7406 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 250.00 |
| | Name of Employer Fondren Orthopaedics | Occupation | | 7 |
| | | <u> </u> | edic Surgeon | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | _ |
| | Other (specify) | | 250.00 | |
| | Cirici (specify) | | | 4 |
| — В | Full Name (Last, First, Middle Initial) Dr. G Vincent Dalton, , MD | | | Date of Receipt |
| ٥. | Mailing Address 5899 Bremo Rd Ste A | | | M M / D D / Y Y Y Y |
| | Maining / Mainess 3000 Breine Fla Ote A | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068625 |
| | Richmond | VA | 23226-1935 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 1000.00 |
| | federal political committee. | C | | 1000.00 |
| | Name of Employer | Occupation | า | 7 |
| | West End Orthópaedic Clin- ic | Orthopae | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1000.00 | 71 |
| | Other (specify) | 0 0 | 1000.00 | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| Ċ. | Dr. Lex A Simpson, , MD Mailing Address Core Orthopaedic Med (| 01 | | Date of Receipt |
| | Mailing Address Core Orthopaedic Med 0 332 Santa Fe Dr Ste110 | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068626 |
| | Encinitas | CA | 92024-5143 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 300.00 |
| | federal political committee. | | | |
| | Name of Employer Core Orthopaedics | Occupation | | |
| | Pagaint Far: | | edic Surgeon • Year-to-Date ▼ | \dashv |
| | Receipt For: Primary General | Aggregate | ; real-lu-Dale ▼ | - |
| | Other (specify) | 1 ' ' | 300.00 | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 1550.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Donald I Saltzman, , MD | | | Date of Receipt |
| | Mailing Address 10 Crossroads Dr Ste 21 | 0 | | 1 1 3 0 Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068627 |
| | Owings Mills | MD | 21117-5461 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Advanced Med for Ortho Su- | Occupation | | |
| | rg & Sports M Receipt For: | | dic Surgeon Year-to-Date ▼ | - |
| | Primary General | 33 13 | | |
| | Other (specify) ▼ | 0 0 | 500.00 | |
| 3 | Full Name (Last, First, Middle Initial) Dr. James Penna, , MD | | | Date of Receipt |
| ٠. | Mailing Address 6 Sunflower Ridge Rd | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068629 |
| | South Setauket | NY | 11720-3700 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| - C. | Full Name (Last, First, Middle Initial) Dr. Patrick R Hayes, , MD | | | Date of Receipt |
| | Mailing Address OrthoCarolina 101 Delta Park Dr | | | 11 30 7 2006 |
| | City Shelby | State NC | Zip Code | Transaction ID: 25068630 |
| | FEC ID number of contributing | | 28150-3575 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 500.00 |
| | Name of Employer OrthoCarolina | | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1500.00 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the American | can Associ | iation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Tyler D Goldberg, , MD | | | Date of Receipt |
| | Mailing Address 2413 Never Bend Cv | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068635 |
| | Austin | TX | 78746-1837 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1000.00 | 1 |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. David R Lionberger, , MD | | | Date of Receipt |
| | Mailing Address 6560 Fannin Ste 1016 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068636 |
| | Houston | TX | 77030-2725 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 1000.00 | 1 |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. David Buchalter, , MD | | | Date of Receipt |
| | Mailing Address 6080 Falls Rd Ste 203 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25068637 |
| | Baltimore | MD | 21209-2498 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer South Palm Orthopaedics | Occupation | n edic Surgeon | |
| | Receipt For: | | e Year-to-Date V | \dashv |
| | Primary General | , iggi ogale | 7 . Jul. 10 Bulo 4 | 1 |
| | Other (specify) ▼ | | 500.00 | |
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| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the Americ | can Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) Dr. John Henry Doherty, , MD | | | Date of Receipt |
| Mailing Address 746 Jefferson Ave Ste 10 | 02 | | 11 30 7 2006 |
| City | State | Zip Code | Transaction ID: 25068639 |
| Scranton | PA | 18510-1636 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Professional Orthopaedic | Occupation | n edic Surgeon | |
| Associates, L Receipt For: | | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. James J Elting, , MD | | | Date of Receipt |
| Mailing Address One Associate Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 25068640 |
| Oneonta | NY | 13820-2200 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Oneonta Specialty Services | Occupation | | |
| Receipt For: | | edic Surgeon Year-to-Date V | |
| Primary General | Aggregate | Teal-to-Date V | 1 |
| Other (specify) ▼ | 0 0 | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr. Louis Nunez, , MD | | | Date of Receipt |
| Mailing Address 1032 Main St | | | 11 30 7 2006 |
| City | State | Zip Code | Transaction ID: 25068641 |
| <u>Fishkill</u> | NY | 12524-1752 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| | | n edic Surgeon | |
| | | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
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| Or | | ame and add | aress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns |
| Δ | Full Name (Last, First, Middle Initial) Dr. Robert Shalvoy, , MD | | | Date of Receipt |
| ۸. | Mailing Address New England Ctr for Ath | letes | | M M / D D / Y Y Y Y |
| | 1287 N Main St | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068642 |
| | Providence | RI | 02904-1856 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer New England Ctr for Athle- | Occupation | 1 | 7 |
| | New England Ctr for Athletes | | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | 1000.00 | |
| | Other (specify) ▼ | | 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | | | | Date of Receipt |
| | Mailing Address 5233 W Morgan Ave | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25068645 |
| | Milwaukee | WI | 53220-1599 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 750.00 |
| | federal political committee. | | | |
| | Name of Employer Milwaukee Clinic of Ortho- | Occupation | | |
| | pedic Surgery | | dic Surgeon | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 750.00 | |
| | Curior (openity) | 0 0 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. Lance Sisco, , MD | | | Date of Receipt |
| | Mailing Address 1088 Mountain Valley Dr | • | | M M / D D / Y Y Y Y |
| | City | State | Zip Code | 11 30 2006 |
| | Asheboro | NC | 27205-0548 | Transaction ID: 25068646 |
| | | INC | 27203-0340 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Brandon Orthopaedic Assoc- | Occupation | | |
| | iates | | edic Surgeon | - |
| | Receipt For: Primary General | Aygregate | Year-to-Date ▼ | . [|
| | Other (specify) | | 500.00 | |
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| s | UBTOTAL of Receipts This Page (optional) | | . | 2250.00 |
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| SCHEDULE A (FEC Form 3) | () | Use separate schedule(s) | FOR LINE NUMBER: PAGE 16/50 |
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| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the A | merican Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) A. Dr. Richard P Mackessy, , MD | | | Date of Receipt |
| Mailing Address 17 Hickory Rd | | | 11 30 / Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 25068647 |
| Short Hills | NJ | 07078-1289 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Union Cty Ortho Group | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. James W Strickland, , MD | | | Date of Receipt |
| Mailing Address Carmel Amb Surg a 13421 Old Meridian | | | 11 30 / Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 25068648 |
| Carmel | IN | 46032-1411 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Carmel Amb Surg and Endos- | Occupation | | |
| copy Receipt For: | | edic Surgeon e Year-to-Date ▼ | _ |
| Primary General | Aggregate | | 1 |
| Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Patrick M Sullivan, , MD | • | | Date of Receipt |
| Mailing Address 6001 Westown Pkv | - | | 11 30 7 2006 |
| City | State | Zip Code | Transaction ID: 25070028 |
| West Des Moines | <u>IA</u> | 50266-7702 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer DMOS | Occupation Orthopae | n edic Surgeon | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Paul M Apyan, , MD | | | Date of Receipt |
| | Mailing Address 979 E 3rd St Ste C220 | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25070029 |
| | Chattanooga | TN | 37403-3314 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
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| | Primary General | | | 7 |
| | Other (specify) ▼ | 1 | 1000.00 | |
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| В. | Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, , MD | | | Date of Receipt |
| | Mailing Address 7955 Doral Dr | | | M M / D D / Y Y Y Y |
| | | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25070030 |
| | Beaumont | TX | 77707-5446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 500,00 |
| | federal political committee. | C | | 500.00 |
| | | | | |
| | Name of Employer Beaumont Bone & Joint Ins- | Occupation | | |
| | titute | | edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
| | Other (specify) ▼ | | 300.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | Dr. David P Heiser, , MD | | | Date of Receipt |
| | Mailing Address Nebraska Ortho & Sport 575 S 70th Ste 200 | ts Med | | 11 |
| | City | State | Zip Code | Transaction ID: 25070031 |
| | Lincoln | NE | 68510-2471 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 500.00 |
| | federal political committee. | C | | 300.00 |
| | Name of Employer Self Employed | Occupation | | |
| | | - | edic Surgeon | _ |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 500.00 | 11 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the America | can Assoc | iation of Orthopaedic Surgeo | ons |
| A. | Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD | | | Date of Receipt |
| | Mailing Address 1112 6th Ave Ste 300 | | | 11 30 2006 |
| | City | State | Zip Code | Transaction ID: 25070032 |
| | Tacoma | WA | 98405-4048 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 1 | 1500.00 | 1 |
| | Other (specify) ▼ | 0 0 | 1500.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD | | | Date of Receipt |
| | Mailing Address 6424 Taylor Oaks | | | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25070033 |
| | Alexandria | LA | 71301-2772 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Mid-State Orthopaedics | Occupatio Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | - | 750.00 | 1 |
| | Other (specify) | 1 1 | 750.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. Jeffrey C King, , MD | | | Date of Receipt |
| | Mailing Address 7665 Finnagen Dr | | | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25070034 |
| | Mattawan | MI | 49071-9541 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupatio | n edic Surgeon | |
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| /_ A . | Full Name (Last, First, Middle Initial) Dr. Alan L Whitney MD | | | Date of Receipt |
| | Mailing Address 2699 N 17th St | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Coos Bay | State OR | Zip Code 97420-2194 | Transaction ID: 25070035 |
| | FEC ID number of contributing federal political committee. | C | 37420-2134 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer South Coast Orthopedic Assn Receipt For: | | n edic Surgeon Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Russell E Windsor, , MD | | | Date of Receipt |
| | Mailing Address Hosp for Special Surgery 535 E 70th St City | State | Zip Code | 1 1 3 0 2 0 0 6 2 0 0 6 |
| | New York | NY | 10021-4892 | Transaction ID: 25070036 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Hospital for Special Surg- ery | | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3000.00 | |
| D. | Full Name (Last, First, Middle Initial) Dr. George T Hayes, Jr, MD | | | Date of Receipt |
| | Mailing Address 706 Jay St | | | 11 30 / Y Y Y Y Y Y |
| | City Colusa | State CA | Zip Code 95932-2321 | Transaction ID: 25070037 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 3332-2321 | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the American | | | |
| Α. | Name of Employer Advanced Orthopedic Assoc- | State MS C | Zip Code 39531-4535 | Date of Receipt M M M |
| | iaics | | Year-to-Date ▼ 250.00 | |
| 3. | Name of Employer Self Employed | | Zip Code 68131-2137 In adic Surgeon Year-to-Date ▼ 500.00 | Date of Receipt M M |
| D. | Name of Employer Univ of Oklahoma | P1380 State OK C Decupation Orthopae | Zip Code 73104 n dic Surgeon Year-to-Date ▼ 2000.00 | Date of Receipt M M |
| s | UBTOTAL of Receipts This Page (optional) | | > | 1750.00 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the American | | | |
| <u>′</u> ۵. | Full Name (Last, First, Middle Initial) Dr. David A Wolff, , MD | | | Date of Receipt |
| | Mailing Address Dean Clinic 1313 Fish Hatchery Rd | | | 12 / 12 / 2006 |
| | City Madison | State WI | Zip Code 53715-1991 | Transaction ID: 25154076 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 307101001 | 500.00 |
| | Name of Employer Self Employed | Occupation | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Angelo J Lopano, , MD | | | Date of Receipt |
| | Mailing Address 279 3rd Ave Ste 504 | | | 12 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25154078 |
| | Long Branch FEC ID number of contributing federal political committee. | C | 07740-6207 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| D. | Full Name (Last, First, Middle Initial) Dr. Philip H Wessinger, , MD | | | Date of Receipt |
| | Mailing Address 727 SE Main St Ste 220 Steadman Hawkins Clinic of the Car | | | 12 13 2006 |
| | City Simpsonville | State SC | Zip Code 29681-3248 | Transaction ID: 25154081 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Steadman Hawkins Clinic | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
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| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | 9 | | |
| Political Action Committee of the | American Associ | ation of Orthopaedic Surgeo | ons |
| Full Name (Last, First, Middle Initial) A. Dr. Victoria McClellan Silas, , MD | | | Date of Receipt |
| Mailing Address 311 'L' St West Wing | | | 12 / 13 / 2006 |
| City Tacoma | State WA | Zip Code 98405-3720 | Transaction ID: 25154082 |
| | | 90400-3720 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Children's Hospital | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. Susan A Scherl, , MD | I | | Date of Receipt |
| Mailing Address 10506 Burt Circle | | | 12 / 13 / 2006 |
| City | State | Zip Code | Transaction ID: 25154084 |
| <u>Omaha</u> | NE | 68114-2094 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Univ of Nebraska | Occupation | | |
| Receipt For: | | edic Surgeon Year-to-Date V | |
| Primary General | Aggregate | Teal-to-Date V | 1 |
| Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. William E Hooper, , MD | • | | Date of Receipt |
| Mailing Address 1900 Braeburn Dr | | | 12 / 13 / 2006 |
| City | State | Zip Code | Transaction ID: 25154085 |
| Salem | VA | 24153-7304 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Roanoke Orthopaedic Center | Occupation Orthopae | n edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 500.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | | 1500.00 |
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| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 23 / 50 |
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| or | | ame and add | aress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | Political Action Committee of the America | can Associ | ation of Orthopaedic Surgeo | ns |
| A. | Full Name (Last, First, Middle Initial) Dr. Gregory Martin Alberton, , MD | | | Date of Receipt |
| | Mailing Address 1413 Ranch Rd | | | 12 13 YYYY 2006 |
| | City | State | Zip Code | Transaction ID: 25154087 |
| | Encinitas | CA | 92024-6211 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation | | 7 |
| | | <u> </u> | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 250.00 | |
| | Other (specify) | 0 0 | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Gunnar B J Andersson, , MD | | | Date of Receipt |
| | Mailing Address Rush University Med Cti | | | M M / D D / Y Y Y Y |
| | 1653 W Congress Pkwy | | '1 | 12 13 2006 |
| | City | State | Zip Code | Transaction ID: 25154088 |
| | Chicago | <u> </u> | 60612-3833 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer | Occupation | 2 | _ |
| | Midwest Orthopaedics at | Occupation | edic Surgeon | |
| | Rush Receipt For: | | Year-to-Date V | - |
| | Primary General | Aggregate | Flear-to-Date V | 1 |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Decel 1 |
| C. | Dr. Harrison A Latimer, , MD | | | Date of Receipt |
| | Mailing Address 217 Rebel Rd | | | 12 12 2006 |
| | City | State | Zip Code | Transaction ID: 25154089 |
| | Salisbury | NC | 28144-2802 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | 1 | ┪ |
| | Stanley Regional Medical Center | | edic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | | 050.00 | 1 |
| | Other (specify) | | 250.00 | |
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| or for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the Ameri | can Associ | iation of Orthopaedic Surgeo | ns |
| Full Name (Last, First, Middle Initial) 1. Dr. David C Baker, , MD | | | Date of Receipt |
| Mailing Address 19 Brookwood Ave Ste 104 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 25154092 |
| Carlisle PA | | 17013-9142 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Self Employed | Occupation | n edic Surgeon | |
| Receipt For: | · · · · · · | e Year-to-Date $lacktriangleright$ | - |
| Primary General Other (specify) ▼ | 7 igg. ogali | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. Jack T Sproul, , MD | | | Date of Receipt |
| Mailing Address 135 N Main St | | | 12 12 2006 |
| City | State | Zip Code | Transaction ID: 25154094 |
| Cortland | NY | 13045-1256 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 750.00 |
| Name of Employer Self Employed | Occupation | | |
| - | | edic Surgeon | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | , |
| Other (specify) | | 750.00 | |
| Full Name (Last, First, Middle Initial) Dr. Paul A Beck, , MD | | | Date of Receipt |
| Mailing Address 725 W LaVeta Ave Ste | 260 | | 1 2 1 2 2 0 0 6 |
| City | State | Zip Code | Transaction ID: 25154095 |
| Orange | CA | 92868-4439 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation | n edic Surgeon | 7 |
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| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Dr. Enyi Okereke, MD Mailing Address Univ of Pennsylvania Dept of Ortho City Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary General Other (specify) Aggregate Year-to-Date Pill Name (Last, First, Middle Initial) Aggregate Year-to-Date Date of Receipt Date of Receipt Transaction ID: 25154096 Amount of Each Receipt this Perior 500. Date of Receipt | 6 ° |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Enyi Okereke, MD Mailing Address Univ of Pennsylvania Dept of Ortho City State Zip Code Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol., MD Mailing Address 1153 Blackheath Ct | 6 E |
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Enyi Okereke, MD Mailing Address Univ of Pennsylvania Dept of Ortho City State Zip Code Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, MD Mailing Address 1153 Blackheath Ct | 6 · |
| Full Name (Last, First, Middle Initial) Dr. Enyi Okereke, MD Mailing Address Univ of Pennsylvania Dept of Ortho City State Zip Code Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt Transaction ID: 25154096 Amount of Each Receipt this Period Transaction ID: 25154096 Amount of Each Receipt this Period Occupation Orthopaedic Surgeon Aggregate Year-to-Date Primary General Other (specify) State Zip Code Transaction ID: 25154096 Amount of Each Receipt this Period Total Committee Docupation Orthopaedic Surgeon Aggregate Year-to-Date Docupation Orthopaedic Surgeon Docupation Orthopaedic Surgeon Aggregate Year-to-Date Docupation Orthopaedic Surgeon Docupation Orthopaedic Surgeon Aggregate Year-to-Date Docupation Orthopaedic Surgeon Aggregate Year-to-Date Docupation Orthopaedic Surgeon Docupation Orthopaedic Surgeon | 6 |
| A. Dr. Enyi Okereke, , MD Mailing Address Univ of Pennsylvania Dept of Ortho City State Zip Code Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt M M M / D D / Y Y Y Y 2 0 0 Transaction ID: 25154096 Amount of Each Receipt this Period Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | 6 |
| Dept of Ortho City Philadelphia PA 19104 FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | 6 |
| Philadelphia PA 19104 Amount of Each Receipt this Period federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | 0 |
| FEC ID number of contributing federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | 10 |
| federal political committee. Name of Employer Hospital of the Univ. of Pennsylvania Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | 10 |
| Pennsylvania Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | |
| Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct Date of Receipt | |
| Full Name (Last, First, Middle Initial) Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct Date of Receipt | |
| Dr. Edward John Mikol, , MD Mailing Address 1153 Blackheath Ct Date of Receipt | |
| Mailing Address 1153 Blackheath Ct | |
| 12 12 200 | |
| City State Zip Code Transaction ID: 25154097 | |
| Myrtle Beach SC 29575-5820 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | 0 |
| Name of Employer Carolina Orthopaedic Specialists Occupation Orthopaedic Surgeon | |
| Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General | |
| Other (specify) ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Vincent G Desiderio, , MD Date of Receipt | |
| Mailing Address 3301 New Mexico Ave Ste 248 | |
| City State Zip Code Transaction ID: 25154098 | |
| Washington DC 20016-3610 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | 00 |
| Name of Employer Self Employed Occupation Octhorogodia Surgeon | |
| Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ | |
| Primary General | |
| Other (specify) ▼ 250.00 | |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the America | n Associ | ation of Orthopaedic Surgeo | ns |
| Α. | Front Range Orthonaedice | State CO Cccupatior | Zip Code 80910 | Date of Receipt M M M |
| | | | Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Randolph Hill Taylor, , MD Mailing Address PO Box 2898 City | State | Zip Code | Date of Receipt 1 2 1 2 2 0 0 6 Transaction ID: 25154101 |
| | Monroe FEC ID number of contributing federal political committee. | C | 71207-2898 | Amount of Each Receipt this Period 1000.00 |
| | Self Employèd | • | edic Surgeon e Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Paul Wilkinson McDonough, , MD Mailing Address 2433 Whispering Oaks Ct | | | Date of Receipt 1 2 1 2 2 0 0 6 | |
| | City | State | Zip Code | Transaction ID: 25154102 |
| | Abilene FEC ID number of contributing federal political committee. | C | 79606-4366 | Amount of Each Receipt this Period 750.00 |
| | Orthonaedic Accociates | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 750.00 | |
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| or | | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the Amer | ican Associ | ation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Michael A Thorpe, , MD | | | Date of Receipt |
| | Mailing Address 2979 Squalicum Pkwy | Ste 203 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | |
| | Bellingham | WA | 98225-1813 | Transaction ID: 25154103 |
| | | VVA | 90223-1013 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation | | |
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| | Other (specify) | | 500.00 | |
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| В. | Full Name (Last, First, Middle Initial) Dr. Bernard Andrew Pfeifer, , MD | | | Date of Receipt |
| | Mailing Address Lahey Clinic | | | M " M / D " D / Y " Y " Y " Y |
| | 41 Mall Rd | | | 12 12 2006 |
| | City | State | Zip Code | Transaction ID: 25154104 |
| | Burlington | MA | 01805-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 500.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | | |
| | Lahey Clinic | | edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 500.00 | |
| | ☐ Other (specify) ▼ | | | |
| — С. | Full Name (Last, First, Middle Initial) Dr. Martin Charles Skie. , MD | | | Date of Receipt |
| | Mailing Address Orthopaedic Surgeon | | | M M / D D / Y Y Y Y |
| | 3065 Arlington Ave | | | 12 12 2006 |
| | City | State | Zip Code | Transaction ID: 25154105 |
| | Toledo | OH | 43614-5807 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 500.00 |
| | federal political committee. | | | |
| | Name of Employer Self Employed | Occupation | | 7 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 50 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17 |
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| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Political Action Committee of the Americ | an Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Animesh Agarwal, , MD | | | Date of Receipt |
| Mailing Address Univ TX HIth Sci Ctr at San 7703 Floyd Curl Dr, MC7774 | | | | 12 12 2006 |
| | City State San Antonio TX | | Zip Code 78229-3901 | Transaction ID: 25154106 |
| | San Antonio FEC ID number of contributing federal political committee. | C | 70229-3901 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer University of Texas | | dic Surgeon | |
| Receipt For: Primary General Other (specify) ▼ | | | Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. David Farrington Pope, , MD Mailing Address 224 Pecan Park Ave | | | Date of Receipt 1 2 1 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25154108 |
| | Alexandria FEC ID number of contributing federal political committee. | C | 71303-3308 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Ortho & Sports Medcine Sp- ecialists | | dic Surgeon | |
| Receipt For: Primary General Other (specify) | | Year-to-Date ▼ 500.00 | | |
|) . | Full Name (Last, First, Middle Initial) Dr. Gunnar B J Andersson, , MD | | | Date of Receipt |
| Mailing Address Rush University Med Ctr 1653 W Congress Pkwy, Jelke 14 | | | | 12 28 7 2006 |
| | City Chicago | State II | Zip Code 60612-3833 | Transaction ID: 25190087 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00012 0000 | 1000.00 |
| | Name of Employer Midwest Orthopaedics at Rush | | dic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2000.00 | |
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| <u>~</u> | NAME OF COMMITTEE (In Full) Political Action Committee of the America | | | |
| <u>/</u> | | 211 7 100001 | ation of Orthopacale Gargee | |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Ronald W Stitt, Jr, MD | | | Date of Receipt |
| | Mailing Address 3984 W 101 Terr | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190088 |
| | Overland Park | KS | 66207 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer Encompass Medical Group | | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Patrick Provide |
| э. | Dr. Jeffrey W Parker, , MD Mailing Address 1601 E Broadway Ste 300 | Date of Receipt | | |
| | | 12 28 2006 | | |
| | City Columbia | State MO | Zip Code 65201-8022 | Transaction ID: 25190090 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00207-0022 | 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | dic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| — Э. | Full Name (Last, First, Middle Initial) Dr. Jeffrey M Schwartz, , MD | | | Date of Receipt |
| | Mailing Address 73 E 71st St | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190091 |
| | New York | NY | 10021-4213 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 30 / 50 (check only one) |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the Americ | can Associ | ation of Orthopaedic Surgeo | ons |
| <u>′</u> ۵. | Full Name (Last, First, Middle Initial) Dr. Mark C Stewart, , MD | | | Date of Receipt |
| | Mailing Address 200 S Wenona Ave G95 | | | 12 28 7 2006 |
| | City Bay City | State MI | Zip Code | Transaction ID: 25190093 |
| | FEC ID number of contributing federal political committee. | C | 48706-8820 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Gordon H Zuerndorfer, , MD | Date of Receipt | | |
| | Mailing Address 1831 N Belcher Rd Ste C | 12 28 2006 | | |
| | Clearington | State | Zip Code | Transaction ID: 25190095 |
| | Clearwater FEC ID number of contributing federal political committee. | C | 33765-1453 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
|) . | Full Name (Last, First, Middle Initial) Dr. Bertrand Jones, , MD | | | Date of Receipt |
| | Mailing Address 111 Sunnyvew Ln Ste A | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190096 |
| | Kalispell FEC ID number of contributing federal political committee. | C | 59901-3164 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 50 (check only one) X 11a 11b 11c 12 |
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| or | for commercial purposes, other than using the na | me and add | rnot be sold or used by any perso lress of any political committee to | solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Steven C Thomas, , MD | | | Date of Receipt |
| | Mailing Address 9499 W Charleston Ste 2 | 12 28 2006 | | |
| | City | State | Zip Code | Transaction ID: 25190097 |
| | Las Vegas | NV | 89117-7147 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Joseph A Suarez, , MD | | | Date of Receipt |
| | Mailing Address 3311 Hylan Blvd | 12 28 2006 | | |
| | City | State | Zip Code | Transaction ID: 25190098 |
| | Staten Island | NY | 10306-3688 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Orthopae | dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
|). | Full Name (Last, First, Middle Initial) Dr. Walid H Azzo, , MD, PhD | | | Date of Receipt |
| | Mailing Address 512 Cherry St | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190099 |
| | Bluefield | WV | 24701-3341 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1750.00 |
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| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 32/50 |
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| or for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ns |
| / | | | |
| Full Name (Last, First, Middle Initial) 1. Dr. George R Tanner, , MD | | | Date of Receipt |
| Mailing Address 3200 Westhill Dr Ste 20 |)1 | | M M / D D / Y Y Y Y |
| | | | 12 28 2006 |
| City | State | Zip Code | Transaction ID: 25190100 |
| Wausau | WI | 54401-4707 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer | Occupation | 1 | + |
| OAW | | edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General | - | 250.00 | 1 |
| Other (specify) 🔻 | 0 0 | 200.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr. Thomas F Stark, , MD | | | Date of Receipt |
| Mailing Address 4301 Hoyt Ave | | | |
| maining reasons 4001 hoyt Ave | | | 12 28 2006 |
| City | State | Zip Code | Transaction ID: 25190101 |
| <u>Everett</u> | WA | 98203-2316 | Amount of Each Receipt this Period |
| FEC ID number of contributing | С | | 500.00 |
| federal political committee. | | | |
| Name of Employer Western Washington Medical | Occupation | 1 | |
| Group | | edic Surgeon | |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| Other (specify) | | 500.00 | |
| case (epoon), • | | | 1 |
| Full Name (Last, First, Middle Initial) | | | |
| Dr. Gregory J Fahrenbach, , MD | | | Date of Receipt |
| Mailing Address 7447 W Talcott Ave Ste | 500 | | 12 28 2006 |
| City | State | Zip Code | Transaction ID: 25190103 |
| Chicago | IL | 60631-3716 | Amount of Each Receipt this Period |
| FEC ID number of contributing | С | | 500.00 |
| federal political committee. | <u> </u> | | 300.00 |
| Name of Employer Self Employed | 7 | | |
| Self Employed | Orthopae | edic Surgeon | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General | - | 500.00 | 1 |
| Other (specify) ▼ | | | 1 |
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| or | y information copied from such Reports and State for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such comm | ittee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns | |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Bert McKinnon, , MD | | | Date of Receipt | |
| | Mailing Address 77 W Forest Ste 301 | | | 12 28 2 | 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25190104 | |
| | Flagstaff | AZ | 86001-1483 | Amount of Each Receipt this P | eriod |
| | FEC ID number of contributing federal political committee. | C | | 5 | 600.00 |
| | Name of Employer Flagstaff Bone and Joint | Occupation Orthopae | n edic Surgeon | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | |
| | Primary General Other (specify) ▼ | | 500.00 | | |
| | Full Name (Last, First, Middle Initial) Dr. Leonard Sheldon Bodell, . MD | | | Date of Receipt | |
| | Mailing Address 144 W Palm Ln | | | M M / D D / Y Y | 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25190105 | |
| | Phoenix | AZ | 85003-1180 | Amount of Each Receipt this P | eriod |
| | FEC ID number of contributing federal political committee. | C | | 2 | 250.00 |
| | Name of Employer Self Employed | Occupation | | | |
| | | | edic Surgeon | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 250.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. William C Kim, , MD | | | Date of Receipt | |
| | Mailing Address 4201 Torrance Blvd Ste 1 | 90 | | | 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25190106 | |
| | Torrance | CA | 90503-4539 | Amount of Each Receipt this P | eriod |
| | FEC ID number of contributing federal political committee. | С | | 5 | 500.00 |
| | Colf Employed | Occupation Orthopae | n edic Surgeon | | |
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| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 34 / 50 |
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| or | for commercial purposes, other than using the r | name and add | lress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ins |
| | | Jan. 7 155551 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| A. | Dr. Jeffrey Glenn Hessing, , MD | | | Date of Receipt |
| | Mailing Address 7911 W Innsbrook Ct | | | M M / D D / Y Y Y Y |
| | | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190108 |
| | Boise | ID | 83704-4487 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 1000.00 |
| | | | | |
| | Name of Employer Self Employed | Occupation | | |
| | | | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 2000.00 | |
| | Other (specify) ▼ | | 2000.00 | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | Dr. James W Renne, , MD | | | Date of Receipt |
| | Mailing Address 421 Chestnut St | M M / D D / Y Y Y Y | | |
| | | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190110 |
| | Evansville | IN | 47713-1297 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 230.00 |
| | Name of Employer | Ossumation | • | _ |
| | Name of Employer Wellhorn Clinic | Occupation | | |
| | Descint Form | | edic Surgeon | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | | ' ' | 250.00 | |
| | Other (specify) | 1 1 | | |
| _ | Full Name (Land First Middle Letter) | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Curt D Miller, , MD | | | Date of Receipt |
| ٠. | Mailing Address 2004 Sproul Rd 1st Fl | | | M M / D D / Y Y Y Y |
| | Z004 Sprour Hu 15t 11 | | | 1 2 2 8 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25190111 |
| | Broomall | PA | 19008-3511 | Amount of Each Receipt this Period |
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| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | rederal political committee. | | | |
| | Name of Employer | Occupation | 1 | |
| | Surgical Orthopaedic Associates | Orthopae | edic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER | R: PAGE 35/50 |
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| or | y information copied from such Reports and State for commercial purposes, other than using the na | me and add | frict be sold of used by any perso dress of any political committee to | solicit contributions fro | om such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | |
| \rangle | Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns | |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Serena Young-Nguyen, , MD | | | Date of Receipt | |
| | Mailing Address 27990 Palos Verdes Dr E | ast | | 1 2 2 | 2006 |
| | City | State | Zip Code | Transaction ID: | |
| | Rancho Palos Verde | CA | 90275-5153 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 500.00 |
| | Solf Employed | Occupation Orthopae | n edic Surgeon | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 500.00 | | |
| | Full Name (Last, First, Middle Initial) | | | • | |
| 3. | Dr. Richard Edward Loyer, , MD | | | Date of Receipt | |
| | Mailing Address 1211 W Main St | | | | 2006 |
| | City | State | Zip Code | Transaction ID: | 25190113 |
| | Waterbury | CT | 06708-3106 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 |
| | Name of Employer Self Employed | Occupation | 1 | | |
| | | | edic Surgeon | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 250.00 | | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of David | |
| J. | Dr. Michael Swany, , MD Mailing Address 2255 Old Murphy Rd | | | Date of Receipt | D / Y Y Y Y |
| | Mailing Address 2255 Old Murphy Rd PO Box 660 | | | | 2006 |
| | City | State | Zip Code | Transaction ID: | 25190114 |
| | Franklin | NC | 28734-7205 | Amount of Each | Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 500.00 |
| | Colf Employed 1 | Occupation | n edic Surgeon | | |
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| SCHEDULE A (FEC Form 3X) | | 11 | FOR LINE NUMBER: PAGE 36 / 50 | |
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| or | | ame and add | aress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | Political Action Committee of the America | can Associ | ation of Orthopaedic Surgeo | ns |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassist |
| Α. | Dr. R Kumar Kadiyala, , MD, PhD | | | Date of Receipt |
| | Mailing Address Mt Sinai Med Ctr 4302 Alton Rd Ste 710 | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190115 |
| | Miami Beach | FL | 33140-2877 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 1000.00 |
| | Name of Employer Mt. Sinai | Occupation | 1 | |
| | Mt. Sinai | | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1000.00 | |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Patrick Provide |
| В. | | | | Date of Receipt |
| | Mailing Address 35 Pearl St Ste 101 | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190116 |
| | New Britain | CT | 06051-2645 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 500.00 |
| | federal political committee. | | | 300.00 |
| | Name of Employer | Occupation | ı | 7 |
| | Self Employed | Orthopae | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | 1 1 | 500.00 | |
| | Other (specify) | 0 0 | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Dr. Jonathan L Cohen, MD | 0604 | | Date of Receipt |
| | Mailing Address 609 E Orangeburg Ave S | Ste 201A | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190118 |
| | Modesto | CA | 95350-5580 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | <u></u> | | 1000.00 |
| | federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation | | |
| | | | edic Surgeon | _ |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 37/50 |
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| or | for commercial purposes, other than using the nan | ne and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Political Action Committee of the America | ın Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Donald Donavon Berg, , MD | | | Date of Receipt |
| | Mailing Address 1005 Pennsylvania Ste 21 | 2 | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190119 |
| | Ottumwa | IA | 52501-6414 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Self Employed | Occupation | n edic Surgeon | |
| | | | Year-to-Date ▼ | |
| | Primary General | 00 0 | | |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. David J Kuester, , MD | | | Date of Receipt |
| | Mailing Address 501 N 10th St PO Box 907 | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190120 |
| | Manitowoc | WI | 54220-4039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Orthonaedic Associates | Occupation | | |
| | | • | edic Surgeon | 4 |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 500.00 | |
|). | Full Name (Last, First, Middle Initial) Dr. Thomas Farrell Calton, , MD | | | Date of Receipt |
| | Mailing Address 4403 Harrison Blvd Ste 24 | 100 | | M M / D D / Y Y Y Y |
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| | City | State UT | Zip Code | Transaction ID: 25190121 |
| | Ogden F50 ID and the first of t | UI | 84403-3297 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | McKay D Udenital Medical | Occupation | | |
| | Group | | edic Surgeon | - |
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| | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | | (check only one) | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | |
| \rangle | Political Action Committee of the Americ | an Associ | ation of Orthopaedic Surgeo | ns | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Bruce Wolock, , MD | | | Date of Receipt | | | | |
| | Mailing Address 8564 Leisure Hill Dr | 12 28 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: 25190123 | | | | |
| | Baltimore | MD | 21208-1740 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | |
| | Name of Employer Self Employed | Occupation | n edic Surgeon | | | | | |
| | Receipt For: | | Year-to-Date ▼ | - | | | | |
| | Primary General | 00 0 | | 1 | | | | |
| | Other (specify) | 0 0 | 750.00 | | | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. James A Hill, , MD | | | Date of Receipt | | | | |
| | Mailing Address Northwestern Medical Fa | 12 28 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: 25190124 | | | | |
| | Chicago | <u>IL</u> | 60611 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | | | |
| | Name of Employer Northwestern Medical Facu- Ity Foundatio | Occupation | n dic Surgeon | | | | | |
| | Receipt For: | • | Year-to-Date ▼ | | | | | |
| | Primary General | | | 1 | | | | |
| | Other (specify) | 0 0 | 500.00 | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. A Bruce Reid, , MD | | | Date of Receipt | | | | |
| | Mailing Address 806 Maple Dr | | | 12 28 2006 | | | | |
| | City | State | Zip Code | Transaction ID: 25190126 | | | | |
| | Griffin | GA | 30224-4919 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | | 500.00 | | | | | |
| | Name of Employer Self Employed | Occupation Orthopae | n dic Surgeon | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | |
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| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the American | can Associ | ation of Orthopaedic Surgeo | ns |
| Α. | Full Name (Last, First, Middle Initial) Dr. Daniel C Wascher, , MD Mailing Address Univ of New Mexico Dept of Orthopaedics City Albuquerque FEC ID number of contributing federal political committee. Name of Employer University of New Mexico | | Zip Code 87131-0001 n edic Surgeon e Year-to-Date ▼ | Date of Receipt M M M |
| | Receipt For: Primary General Other (specify) | Aggregate | 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Andrew J Vicar, , MD Mailing Address 1801 N Senate Blvd City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | | Zip Code 46202-1228 n edic Surgeon e Year-to-Date ▼ | Date of Receipt M M |
|) | Full Name (Last, First, Middle Initial) Dr. Timothy W Woods, , MD Mailing Address Orthopaedic Clinic 53 Poplar St City Blackfoot FEC ID number of contributing federal political committee. Name of Employer Bingham Memorial Hospital Receipt For: Primary General Other (specify) | | Zip Code 83221-1737 In edic Surgeon e Year-to-Date ▼ | Date of Receipt M M |
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| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| IT | EMIZED RECEIPTS | | or each category of the | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | atements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Political Action Committee of the Ameri | can Associ | ation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. William D Henceroth, II, MD | | | Date of Receipt |
| | Mailing Address 4615 King William Rd | | | 12 28 7 2006 |
| | City | State | Zip Code | Transaction ID: 25190132 |
| | Richmond | VA | 23225-3247 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Orthopedics Specialists LLC | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 1 | 250.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) Dr. David Arthur Detrisac, , MD | | | Date of Receipt |
| | Mailing Address 3394 E Jolly Rd Ste A | | | M M / D D / Y Y Y Y |
| | | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190133 |
| | Lansing | MI | 48910-8595 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 500.00 |
| | Name of Employer | Occupation | 1 | |
| | Self Employed | Orthopae | edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
| | Other (specify) | | 500.00 | |
| | | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. James R Santangelo, , MD | | | Date of Receipt |
| | Mailing Address 355 Edinburgh Dr | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190135 |
| | <u>Fayetteville</u> | NC | 28303-5115 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer U.S. Government | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | 33 0 | | 1 |
| | Other (specify) | | 500.00 | |
| | | | 0 0 0 0 0 0 | · |
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| _ | UDTOTAL of Descriptor Till Descriptor | | | 1250.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| An or | y information copied from such Reports and Stater for commercial purposes, other than using the nam | ments may ne and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Political Action Committee of the American | n Associ | ation of Orthopaedic Surgec | ns |
| Α. | Name of Employer Bone & Joint Center | | dic Surgeon Year-to-Date ▼ | Date of Receipt M M M |
| 3. | Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John M Aversa, , MD Mailing Address (2400 Mb) the second of th | 0 0 | 250.00 | Date of Receipt |
| | Mailing Address 2408 Whitney Ave City Hamden FEC ID number of contributing federal political committee. | State CT | Zip Code 06518-3209 | Transaction ID: 25190137 Amount of Each Receipt this Period 250.00 |
| | Connecticut Orfhopaedic Specialists | | odic Surgeon Year-to-Date ▼ 250.00 | |
| D . | Full Name (Last, First, Middle Initial) Dr. William H Milnor, Jr, MD Mailing Address 4100 International Pkwy Ste 1010 | | | Date of Receipt 1 2 2 8 2 0 0 6 |
| | City Carrollton FEC ID number of contributing federal political committee. | State TX | Zip Code 75007-1972 | Transaction ID: 25190138 Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Orthopae | n edic Surgeon Year-to-Date ▼ | |
| s | UBTOTAL of Receipts This Page (optional) | | | 750.00 |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 42/50 |
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| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the nar | ements may me and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| _ | NAME OF COMMITTEE (In Full) | | 71 | |
| \rangle | Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Norman B Livermore, III, MD | | | Date of Receipt |
| | Mailing Address 120 La Casa Via Ste 206 | | | 12 28 2006 |
| | City | State | Zip Code | Transaction ID: 25190140 |
| | Walnut Creek | CA | 94598-3007 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 750.00 |
| | Solf Employed 1 | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 750.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. William D Fritz, , MD | | | Date of Receipt |
| | Mailing Address 181 Park Ave | | | 12 |
| | City | State | Zip Code | Transaction ID: 25190141 |
| | Franklin | PA | 16323-2663 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Self Employed | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| -). | Full Name (Last, First, Middle Initial) Dr. James D Brodell, , MD | | | Date of Receipt |
| | Mailing Address 2614 E Market St | | | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25190143 |
| | Warren | OH | 44483-6258 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Solf Employed 1 | Occupation Orthopae | n edic Surgeon | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 300.00 | |
| _ s | UBTOTAL of Receipts This Page (optional) | | | 1350.00 |
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| $\overline{}$ | NAME OF COMMITTEE (In Full) | | ,, | | |
| \rangle | Political Action Committee of the American | Associa | ation of Orthopaedic Surgeo | ns | |
| | Full Name (Last, First, Middle Initial) | | | | |
| Dr. Thomas J Grogan, , MD | | | | Date of Re | <u> </u> |
| Mailing Address 2001 Santa Monica Blvd Ste 11 | | | V | 12 | 28 2006 |
| City State | | State | Zip Code | | on ID: 25190144 |
| | | CA | 90404-2102 | | Each Receipt this Period |
| | FEO ID comb as a face at the first | | | | |
| | federal political committee. | C | | | 250.00 |
| | Solf Employed | ccupation | dic Surgeon | | |
| | | | Year-to-Date ▼ | - | |
| | Primary General | .99. 094.0 | | | |
| | Other (specify) ▼ | | 250.00 | | |
| | | | | | |
| 3. | Full Name (Last, First, Middle Initial) Dr. David S Weisman, , MD | | | Date of Re | ceipt |
| | Mailing Address 585 Cranbury Rd | | | 1 2 | 28 2006 |
| | City | State | Zip Code | | n ID: 25190145 |
| | • | NJ | 08816-4026 | | Each Receipt this Period |
| | FEO ID comb as after a life of a | | 00010 4020 | Amount of | |
| | federal political committee. | C | | | 1000.00 |
| | Name of Employer Oo | ccupation | | - | |
| | Podiatria Orthopadia Acca | • | dic Surgeon | | |
| | | .ggregate | Year-to-Date ▼ | | |
| | Primary General | 1 1 | 1000.00 | | |
| | Other (specify) ▼ | 0 0 | 1000.00 | | |
| _ | Full Name (Last, First, Middle Initial) | | | F : 1- | |
| Ĵ. | Dr. Thomas E Brown, , MD Mailing Address Univ of Virginia Affl Hosps | | | Date of Re | <u> </u> |
| | Mailing Address Univ of Virginia Affl Hosps Dept of Orthopaedics | | | 12 | 28 2006 |
| | City | State | Zip Code | Transactio | n ID: 25190146 |
| | Charlottesville | VA | 22903-2980 | Amount of | Each Receipt this Period |
| | FEC ID number of contributing | C | | | 250.00 |
| | federal political committee. | <u> </u> | | | |
| | Name of Employer Oc | ccupation | | 1 | |
| | University of Virginia | rthopae | dic Surgeon | | |
| | | ggregate | Year-to-Date ▼ | | |
| | Primary General | | 250.00 | | |
| | Other (specify) ▼ | 0 0 | 200.00 | | |
| | | | | | 4500.00 |
| S | JBTOTAL of Receipts This Page (optional) | | ······ | | 1500.00 |
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SCHEDULE A (FEC Form 3X)

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 50 (check only one) X |
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| Any in or for | nformation copied from such Reports and Stat commercial purposes, other than using the na | ements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \ | AME OF COMMITTEE (In Full) Dilitical Action Committee of the Americ | an Associ | ation of Orthopaedic Surgeo | ns |
| Cit Ha | agerstown C ID number of contributing deral political committee. The properties of | State MD C C Occupation Orthopae | Zip Code 21742-6711 | Date of Receipt M M M / 28 / 2006 Transaction ID: 25190147 Amount of Each Receipt this Period 1000.00 |
| Re | eceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| 3. <u>Dr</u> | Il Name (Last, First, Middle Initial) . Emile C Li, , MD ailing Address 1988 Luke Ln | State | Zip Code | Date of Receipt 1 2 2 8 2 0 0 6 Transaction ID: 25190148 |
| <u>Fo</u> FE | ort Dodge C ID number of contributing deral political committee. | IA C | 50501-8730 | Amount of Each Receipt this Period 500.00 |
| Or <u>M</u> e | ame of Employer thopaedics and Sports ed eceipt For: Primary General Other (specify) ▼ | | edic Surgeon • Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) Dr. Leon S Benson, , MD Mailing Address 2401 Ravine Way Ste 200 | | | Date of Receipt 1 2 2 8 2 0 0 6 | |
| Cit | • | State | Zip Code | Transaction ID: 25190149 |
| FE | lenview C ID number of contributing deral political committee. | C | 60025-7645 | Amount of Each Receipt this Period 1000.00 |
| Illii <u>titu</u> | ume of Employer nois Bone & Joint Ins- ute sceipt For: Primary Other (specify) ▼ | | edic Surgeon e Year-to-Date ▼ 1000.00 | |
| SUB. | TOTAL of Receipts This Page (optional) | | | 2500.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | ny information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the America | an Associ | ation of Orthopaedic Surgeo | ons |
| Α. | Full Name (Last, First, Middle Initial) Dr. Eugene Paul Schoch, III, MD Mailing Address 5656 Bee Caves Rd Ste F City Austin FEC ID number of contributing federal political committee. Name of Employer Texas Bone and Joint Inst- | State TX C Occupation | Zip Code 78746-5236 | Date of Receipt M M M |
| | Texas Bone and Joint Institute Receipt For: Primary Other (specify) ▼ | | edic Surgeon e Year-to-Date ▼ 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Craig C Newland, , MD Mailing Address 2521 Glenn Hendren Dr Ste 204 | | | Date of Receipt 1 2 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: 25190151 |
| | Liberty FEC ID number of contributing federal political committee. | C | 64068-3388 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Liberty Orthopedics Receipt For: Primary General | • | n edic Surgeon e Year-to-Date ▼ | |
| | Other (specify) ▼ Full Name (Last, First, Middle Initial) | 0 0 | | |
| Э. | Dr. Ajoy K Jana, , MD Mailing Address 15902 Patrick Ave | | | Date of Receipt 1 2 2 8 2 0 0 6 |
| | City Omaha | State NE | Zip Code 68116-2430 | Transaction ID: 25190152 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00110-2430 | 250.00 |
| | Name of Employer Physicians Clinic Sports Med Center Receipt For: Primary General Other (specify) ▼ | | n edic Surgeon e Year-to-Date ▼ 1000.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1500.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \rangle | NAME OF COMMITTEE (In Full) Political Action Committee of the Americ | an Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) Dr. Albert E Sanders, , MD Mailing Address Univ TX HIth Sci Ctr at S 7703 Floyd Curl Dr MC 7 | 774 | | Date of Receipt 1 2 2 8 2 0 0 6 |
| | City San Antonio | State TX | Zip Code 78229-3901 | Transaction ID: 25190153 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 78229-3901 | 300.00 |
| | Name of Employer UTHSC-SA, Dept of Orthopa- edics Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | edic Surgeon 9 Year-to-Date ▼ 300.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Courtland G Lewis, , MD Mailing Address Ortho Assoc of Hartford 85 Seymour St Ste 607 | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25190164 |
| | Hartford FEC ID number of contributing federal political committee. | CT | 06106-5525 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Ortho Associates of Hartf- ord Receipt For: Primary General Other (specify) | | n edic Surgeon e Year-to-Date ▼ | |
| D. | Full Name (Last, First, Middle Initial) Dr. Alan Marc Levine, , MD | | | Date of Receipt |
| | Mailing Address Director, Cancer Institute Sinai Hospital City | State | Zip Code | 1 2 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Baltimore Baltimore | MD | 21215 | Transaction ID: 25190165 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Sinai Hospital | | edic Surgeon | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 1050.00 |
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SCHEDULE A (FEC Form 3X)

Other (specify)

PAGE 47/50 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) A. Dr. David Teuscher, , MD Date of Receipt Mailing Address 3650 Laurel Ave 12 28 2006 City State Zip Code Transaction ID: 25190166 Beaumont TX 77707-2216 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Delwin E Quenzer, , MD Date of Receipt Mailing Address 5604 Glen Oaks Pointe 28 2006 City Zip Code State Transaction ID: 25190167 West Des Moines IΑ 50266 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Des Moines Orthopaedic Su-rgeons,PC Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General

1000.00

| SUBTOTAL of Receipts This Page (optional) | | 750.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 50 (check only one) 11a 11b 11c 12 13 14 X 15 16 17 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) Political Action Committee of the American | can Associ | ation of Orthopaedic Surgeo | ns |
| ۹. | Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road | | | Date of Receipt |
| | City | State | Zip Code | Transaction ID: 25170861 |
| | Rosemont | IL | 60018 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 764.65 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 15708.15 | Reimburse bank fees from affiliated organization |
| 3. | Full Name (Last, First, Middle Initial) The White House Writers Group | | | Date of Receipt |
| | Mailing Address 1030 15th Street, NW 11th Floor | | | 12 29 7 2006 |
| | City | State | Zip Code | Transaction ID: 25320317 |
| | Washington | DC | 20005 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 34169.51 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 34169.51 | Refund from Independent Expenditure Oct 2006 |

| SUBTOTAL of Receipts This Page (optional) | • | 34934.16 |
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SCHEDULE B (FEC Form 3X)

| ITEMIZED DISBURSEMENTS | | Use seperate schedule(s) |) | | OR LINE check only | : NUMBER: PAGE 49/: lv one) | | | | |) U | | | |
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| or | for commercial purposes, other than using the nan | ne and address of any politica | ı com | ımı | ttee to so | licit cont | ribut | ions tr | om su | on com | ımıttee | | | |
| $ \rangle$ | NAME OF COMMITTEE (In Full) Political Action Committee of the America | on Accociation of Orthon | odio | ٠, ٥ | uraoona | | | | | | | | | |
| Z | Folitical Action Committee of the America | III Association of Office | aeuic | , 0 | urgeons | • | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) | | | | | Transaction ID: 25086687 | | | | | | | | |
| | Northern Trust Company | | | | | Date of Disbursement | | | | | | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | 1 1 | | 2 | 2 8 / | | ž 0 ŏ (| 5 | | |
| | City | State Zip Code | | | | | Amount of Each Disbursement this Period | | | | | | | |
| | Chicago IL 60675 Purpose of Disbursement | | | | | | | | | | 394. | 86 | | |
| | Bank fees deducted from account | | | 00 | 01 | | _ | - | | | | | | |
| | Candidate Name | | Ca | _ | gory/ | | | | | | | | | |
| | Office Sought: House Disburs Senate | sement For: Primary General | ! | | | Bank fees deducted from | | | | | | | | |
| | President | Other (specify) | | | | accol | ווונ | | | | | | | |
| _ | State: District: Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| B. | Northern Trust Company | | | | Transaction ID: 25162912 Date of Disbursement | | | | | | | | | |
| | Mailing Address 50 S. LaSalle St. | | | | | 1 ^M 2 | М | [′] DC | 6 | Y | žoŏ | 3 ^Y | | |
| | City Chicago | State Zip Code IL 60675 | | | | Amou | ınt o | f Each | Disbu | ırseme | nt this | Period | | |
| | Purpose of Disbursement | | | | | | 369.79 | | | | | | | |
| | Bank fees deducted from account | | | ŌC | 01. | | | | | | | | | |
| | Candidate Name | | | ate Ty | gory/ pe | | | | | | | | | |
| | | sement For: | • | | | Bank | fee | s ded | ucted | l from | | | | |
| | Senate President | Primary General Other (specify) ▼ | | | | accol | unt | | | | | | | |
| | State: District: | _ Guior (opcomy) • | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | Trans | sact | ion ID: | 2532 | 21369 | | | | |
| C. | Northern Trust Company | | | | | | | isburs | | | V V | V | | |
| | Mailing Address 50 S. LaSalle St. | | | | | | М | ′ | 2 6 | | ž 0 ŏ (| 3 | | |
| | City Chicago | State Zip Code IL 60675 | | | | Amou | ınt o | f Each | Disbu | ırseme | nt this | Period | | |
| | Purpose of Disbursement Bank fees deducted from account 001 | | | | | | - | | | | 330. | 34 | | |
| | Candidate Name | | Ca | _ | gory/ | | | | | | | | | |
| | | sement For: | • | | | Bank | fee | s ded | ucted | l from | | | | |
| | Senate | Primary General | | | | accol | | | | 0111 | | | | |
| | State: President State: | Other (specify) ▼ | | | | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) |) | | | • | | | | | | 1094. | 99 | | |
| | | | | | | $\overline{}$ | - | - | | | 1004 | 00 | | |
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SCHEDULE B (FEC Form 3X)

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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 28a 28b | 24 25 26 28c 29 30b |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam | | | | |
| NAME OF COMMITTEE (In Full) | e and address of any political co | ommittee to s | Shelt Contributions in | Tom such committee |
| Political Action Committee of the America | n Association of Orthopaec | lic Surgeor | s | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID | : 25096736 |
| John Cornyn For Senate Inc | Date of Disburs | | | |
| Mailing Address 6850 Austin Centre Blvd Suite 180 | | | 12 / 0 | 0 6 Y 2 0 0 6 Y |
| City Austin | State Zip Code TX 78731 | | Amount of Each | n Disbursement this Period |
| Purpose of Disbursement | Г | | | 2500.00 |
| Candidate Name | | 011 | | |
| Mr. John Cornyn | | Category/ Type | | |
| | ement For: 2008 Primary General | | | |
| X Senate X President | Primary General Other (specify) ▼ | | | |
| State: TX District: 2 | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID Date of Disburs | |
| GLACIER PAC | GLACIER PAC | | | |
| Mailing Address 818 Connecticut Ave, NV Suite 1100 | 12 / 0 | 0 6 Y 2 0 0 6 Y | | |
| City Washington | State Zip Code DC 20006 | | Amount of Each | n Disbursement this Period |
| Purpose of Disbursement | | | | 2500.00 |
| Condidate Name | | 011 | | |
| Candidate Name | | Category/ Type | | |
| | ement For: | | | |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: District: | (-p), V | | | |
| Full Name (Last, First, Middle Initial) The National Leadership PAC | | | Transaction ID Date of Disburs | |
| Mailing Address PO Box 5577 | | | 12 | 0 6 Y 2 0 0 6 Y |
| City New York | State Zip Code NY 10027 | | Amount of Each | n Disbursement this Period |
| Purpose of Disbursement | | 2500.00 | | |
| On Mala Name | | | | |
| Candidate Name | | Category/ Type | | |
| | ement For: | | | |
| Senate President | Primary General Other (specify) ▼ | | | |
| State: District: | (-), \ | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | 7500.00 |
| TOTAL This Period (last page this line number only | | | | 7500.00 |
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